

#### **DBE 50% Reimbursement Requirements**

## Please read the entire application.

Complete the relevant sections for the applicant and submit to the Civil Rights Office. Information on where to submit your application is at the contact information at the end of this document.

To ensure that we can process your application as efficiently as possible, provide all the supporting documentation requested with your application. Supporting documentation <u>must identify the account owner</u>, <u>financial institution name and logo</u>, <u>and a charge which matches the invoice provided</u>. Financial documents which are submitted as supporting documentation, but contains other information that is not relevant to the requested reimbursement may be redacted at the applicant's discretion. If you have questions, please reach out to the Civil Rights Office for assistance.

This application covers eligible expenses from October 1, 2021 to September 30, 2022. No expenses incurred outside of these dates will be approved.

Approval of application is contingent upon:

- (1) Funds available
- (2) Qualified DBE firm or On-site Representative (OSR)
  - Only certified DBEs, whose home base certification is the state of Alaska, are eligible to participate in the 50% Reimbursement Program. DBEs whose certifying home state is not Alaska will not be eligible for reimbursement. However, out-of-state firms will continue to be eligible for all other services provided by the DBE program.
- (3) Qualified training or assistance program(s)
- (4) Completed application with supporting documents
  - Applicants will be notified if the application is incomplete and will be required to submit all supporting documents for the application to be considered for reimbursement.

The DBE 50% Reimbursement program approves 50% of the cost you paid for work-related expenses. Up to \$2,500.00 can be reimbursed annually per DBE.



#### WHO QUALIFIES?

A DBE firm (employees, owners or on-site representatives) that is actively bidding on DOT Federal Highway Administration (FWHA) funded projects or is registered on the Bidders Registration.

#### WHAT QUALIFIES and HOW MUCH?

To the extent that funding is available, applications are processed on a first-come, first-served basis, provided the application has met the stated requirements. These financial programs have been set up to assist DBEs with cost-associated expenses when bidding on Registered Bidders for FHWA contracts. Each dollar amount has been set, and shall not exceed the stated amount. The reimbursement limit is \$2,500.00 per qualifying DBE firm per benefit year (October 1, 2021 to September 30, 2022).

Please note that Alaska SBDC (Small Business Development Center) Training can be reimbursed up to 90% of the total invoice for training and/or consultations.

#### **HOW TO APPLY**

Applications are processed on a first come, first served basis and are date stamped by the CRO. Please complete the application and submit the supporting documents. Applications must be submitted with all required supporting documents outlined in the application. Applicants will be notified if the application is incomplete and will be required to submit all supporting documents for the application to be considered for reimbursement.

## 1. Training/Workshops/Conferences

Please provide an invoice or receipt and proof of payment. Proof of payment can be a copy of the check (front and back) and bank statement showing that it cleared the account. Proof of account ownership is also required.

### 2. Memberships

Please provide an invoice or receipt and proof of payment. Proof can be your bank statement or a copy of the check (front and back) and bank statement showing that it cleared the account. Proof of account ownership is also required.

#### 3. Hourly Assistance

Please provide an invoice form the firm stating: the services performed, the hourly rate, the total cost of the service, and proof of payment. Proof can be your bank statement or a copy of the check (front and back) and bank statement showing that it cleared the account. Proof of account ownership is also required. Examples of hourly assistance eligible for reimbursement are accounting, legal services, consulting, and other types of hourly assistance that directly benefit the DBE firm.



# Please read and complete the application and attach the supporting documents.

| Name:                                      | DBE Firm Owner's Name:                |                           |  |
|--|---------------------------------------|---------------------------|--|
| Mailing Address:                           | Certification Number:                 |                           |  |
| E-mail Address:                            | IRIS Vendor ID N                      |                           |  |
| Phone Number:                              | Date of Request:                      |                           |  |
| Reimbursement Requested: (additional space | es are on page 2)                     |                           |  |
| Professional Development:                  | Unit Price: \$                        |                           |  |
| Training □ Workshop □ Conference □         | Total Price: \$                       | Date Completed:           |  |
|  | Unit Price: \$                        | Service rendered          |  |
| Hourly Assistance                          | Total Price: \$                       | Date:                     |  |
|  | Unit Price: \$                        | Service rendered          |  |
| Professional Association/Membership        | Total Price: \$                       | Date:                     |  |
|  | Unit Price: \$                        | Service rendered          |  |
| SBDC Training (90% Reimbursement)          | Total Price: \$                       | Date:                     |  |
|  | Total Paid:\$                         | DBE Owner Signature/Date: |  |
| Reimbursement (including page 2)           | Total Requested: 50% of Total Paid \$ |                           |  |
|  | Civil Rights Office Use Only          |                           |  |
| Date Received:                             | ☐ Registered on Bidders Registration  |                           |  |
|  | ☐ Proof of payment attached           |                           |  |
| Amount of this request \$                  | ☐ Invoice Attached                    |                           |  |
| Approved / Denied – Reason:                |                                       |                           |  |
|  | ☐ Application complete                |                           |  |
| Not to Exceed: \$2,500.00                  |                                       |                           |  |
|  | CRO DBE Staff Signature & Date        |                           |  |
| Date Applicant Notified:                   |                                       |                           |  |

E-mail application to: Aaron Nickols, <u>aaron.nickols@alaska.gov</u> Phone: 907-269-0850 F: 907-269-0847 / Within AK (800) 770-5326



# **Additional Space for Itemized Expenses**

Use this page for additional expenses in the categories above. Complete as indicated in the example.

| No.  | Example: Hourly Assistance; | Unit Price: \$  | Service rendered |
|------|-----------------------------|-----------------|------------------|
| 110. | C.R. & O Accounting         | Total Price: \$ | Date:            |
|      | C.R. & O Accounting         |                 | Date             |
| 2    |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ |                  |
|      |                             |                 |                  |
| 3    |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |
| 4    |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |
| 5    |                             | Unit Price:\$   |                  |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |
| 6    |                             | Unit Price:\$   |                  |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |
| 7    |                             | Unit Price:\$   |                  |
|      |                             | Total Price: \$ | Date:            |
| 8    |                             | II., D., D.     |                  |
| o    |                             | Unit Price:\$   |                  |
|      |                             | Total Price: \$ | Date:            |
| 9    |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ |                  |
|      |                             | Total Flice. \$ | Date:            |
| 10   |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ | Date:            |
|      |                             | 10 <b>.</b>     |                  |
| 11   |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ |                  |
|      |                             |                 |                  |
| 12   |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ |                  |
|      |                             |                 |                  |
| 13   |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |
| 14   |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |
| 15   |                             | Unit Price:\$   | Service rendered |
|      |                             | Total Price: \$ | Date:            |
|      |                             |                 |                  |



## \*\* Application approval is at the sole discretion of Alaska DOT&PF CRO DBE Business Development Office\*\*

# Submit completed application to:

Mail: Alaska DOT&PF Civil Rights Office Attn: DBE Business Development Office P.O. Box 196900 Anchorage, AK 99519-6900

